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Pioneering Digital Health in NB: A Pathway to Transformation in Health Care Delivery

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Special Issue: Implementing Digital Health Tools in Canada: Policy Lessons & Future Focus Areas

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Abstract

Digital health has emerged as a crucial component of health care delivery in New Brunswick (NB), especially in response to the COVID-19 pandemic. This analysis examines the digital health reform in NB, focusing on the implementation and outcomes of the Virtual Care program and MyHealthNB application. The reform aimed to enhance access to health care services, particularly for rural and remote populations, by leveraging digital technologies. Key objectives included improving patient-centred care, supporting seniors, and integrating digital health solutions into the provincial health care system. The analysis highlights the factors influencing the reform, including demographic trends, technological advancements, and stakeholder engagement. It also discusses the challenges encountered, such as provider resistance and interoperability issues, and evaluates the program's impact on health care delivery and patient outcomes. The adoption of tools like electronic health records (EHRs), virtual care platforms, and the MyHealthNB portal marked a shift toward integrated, sustainable service delivery.

La santé numérique est devenue un élément crucial de la prestation de soins de santé au Nouveau-Brunswick (NB), en particulier en réponse à la pandémie de COVID-19. Cette analyse porte sur la réforme de la santé numérique au Nouveau-Brunswick, en se concentrant sur la mise en œuvre et les résultats du programme de soins virtuels et de l'application MyHealthNB. La réforme visait à améliorer l'accès aux services de santé, en particulier pour les populations rurales et isolées, en tirant parti des technologies numériques. Les principaux objectifs étaient d'améliorer les soins centrés sur le patient, de soutenir les personnes âgées et d'intégrer les solutions de santé numérique dans le système de santé provincial. L'analyse met en évidence les facteurs qui ont influencé la réforme, notamment les tendances démographiques, les avancées technologiques et l'engagement des parties prenantes. Elle aborde également les difficultés rencontrées, telles que la résistance des prestataires et les problèmes d'interopérabilité, et évalue l'impact du programme sur la prestation des soins de santé et les résultats pour les patients. L'adoption d'outils tels que les dossiers médicaux électroniques (DME), les plateformes de soins virtuels et le portail MyHealthNB a marqué un tournant vers une prestation de services intégrée et durable.

Key Messages

- COVID-19 spurred the implementation of virtual health care in NB, accelerating digital access to care, especially for rural and remote areas.
- New Brunswick has an aging population, highlighting the importance of accessible and continuous health care, particularly for rural seniors facing geographic and transportation barriers.
- Over 30% of NB residents, many in rural or under-served areas face barriers to accessing care, making digital tools essential for equitable health care delivery.
- A citizen-focused strategy, collaborative policy-making, and digital platforms like EHRs and virtual care tools shaped NB's digital health reform.
- The reform's impact was assessed through various evaluation mechanisms, highlighting both achievements and areas requiring further improvement.

Messages-clés

- *La COVID-19 a stimulé la mise en œuvre de soins de santé virtuels au NB, accélérant l'accès numérique aux soins, en particulier dans les zones rurales et isolées.*
- *La population du NB vieillit, ce qui renforce l'importance de soins de santé accessibles et continus, en particulier pour les personnes âgées en milieu rural qui sont confrontées à des obstacles géographiques et à des problèmes de transport.*
- *Plus de 30 % des habitants du NB, dont beaucoup vivent dans des zones rurales ou mal desservies, se heurtent à des obstacles pour accéder aux soins, ce qui rend les outils numériques essentiels à une prestation équitable des soins de santé.*
- *Une stratégie axée sur les citoyens, une politique de collaboration et des plateformes numériques telles que les DME et les outils de soins virtuels ont façonné la réforme de la santé numérique au NB.*
- *L'impact de la réforme a été évalué au moyen de divers mécanismes d'évaluation, mettant en évidence à la fois les réalisations et les domaines nécessitant des améliorations.*

1 BRIEF DESCRIPTION OF THE HEALTH POLICY REFORM

The use of digital health tools has been a subject of considerable interest in New Brunswick (NB) for many years. Historically, the province's health care system was characterized by fragmentation, with primary care, acute care, and specialized services often operating in silos. This lack of integration contributed to inefficiencies in the health care system, such as duplication of medical tests, delayed treatments, and communication breakdowns between health care providers, all of which directly impacted patient safety and health outcomes (NB Medical Society 2020b).

The unprecedented scale of the COVID-19 pandemic was a significant catalyst for accelerating the use of digital health solutions. In response to the urgent need for virtual care, policymakers and health care stakeholders quickly adapted and deployed digital tools to ensure that health care services continue while minimizing physical contact (Johnson et al., 2021).

This rapid adoption by the health care system highlighted the potential for digital health technologies to address systemic gaps in care delivery. Outreach through technology to deliver health care was more prevalent among urban populations (Burton et al. 2022) but was met with a lower uptake than in remote populations. Although digital health tools, including telemedicine and virtual care, played a pivotal role in bridging these gaps by enabling remote consultations and real-time data sharing, unique challenges in rural and remote populations persist.

NB's rural and remote populations, which constitute nearly 30% of the provincial population, face significant barriers to accessing health care. For these residents, whether seeking care from general practitioners, specialists, or hospitals, distance and limited access to healthcare infrastructure exacerbate disparities in health outcomes (Government of NB, 2018).

The Virtual Care program in NB was implemented to address access issues, especially in rural and remote areas. However, health care providers expressed concerns about the usability of digital health tools, the adequacy of training provided, and the impact of these tools on their clinical workflows. These concerns have been documented in various studies and reports, indicating that provider resistance can be a significant barrier to the successful implementation of digital health reforms. An example is the survey conducted by the NB Medical Society and NB Health Council (NBHC) highlighted hesitancy among older physicians and rural practitioners due to limited digital infrastructure and concerns over patient engagement in virtual environments.

Digital health tools, including telemedicine and virtual care, played a pivotal role in bridging these gaps by enabling remote consultations and real-time data sharing, thus improving health care accessibility for all residents, regardless of their location. This rapid transition revealed both the potential and limitations of digital health technologies, espe-

cially in rural and under-served regions of the province.

However, an NBHC report on citizen engagement activities highlighted several important considerations in the ongoing digital health transformation for rural residents of NB, including access issues, the quality of care, and the equity of virtual health care services.

1.1 Goals of digital health reform

NB Digital Health Reform is an initiative that completes the cycle of transitioning health in the province into modernized health care by integrating advanced digital technologies. The focus of this reform is to enhance access, improve the quality of care, and ensure sustainability through the strategic use of virtual care, provincial electronic medical records (EMRs), electronic health records (EHRs), MyHealthNB patient portal, digital literacy programs, and the promotion of equitable access to health. The primary goals of this reform include:

Improved access to care: The goal is to make health care more accessible to all residents of NB, especially those living in rural or remote areas. Virtual care options, such as video consultations, secure messaging, and remote monitoring, are tools for connecting with patients who might otherwise have trouble accessing in-person care (Health Canada, 2022).

Improved quality of care: By improving care coordination and facilitating real-time access to patient data, digital tools can enhance the quality of healthcare delivery. Integrated platforms like EHRs and provincial EMRs enable health care providers to access accurate and timely patient information, leading to more informed decision-making and improved health outcomes (Health Canada, 2022).

Sustainability for digital health initiatives: The reform focuses on a sustainability plan to ensure transformation succeeds. This means securing reliable funding, providing ongoing training for health care providers, and helping patients understand how to use digital tools effectively (Health Canada, 2022). Sustainability also highlights building a flexible digital health care system that can grow with future demands. Creating an infrastructure that can adapt to new technologies and changing health care needs ensures that digital health delivery in the province remains practical and accessible in perpetuity (Health Canada, 2022).

Interoperability and data standardization: The reform focuses on improving the interoperability of health care systems across the province. This will ensure that data can be shared seamlessly between different health care providers, platforms, and systems, improving the efficiency and effectiveness of care delivery (Health Canada 2022).

Education and training: A primary objective is to enhance, across the province, the level of digital literacy. This means training the providers on how to use electronic tools successfully and educating the public, so they feel confident using virtual care services (Health Canada, 2022).

While the primary goals of the Virtual Care program align with the NB Virtual Care

Action Plan, additional perspectives from stakeholders such as the NB Medical Society (NBMS) and the NBHC have been considered. These stakeholders emphasized the importance of integrating digital health solutions that are user friendly, ensuring adequate training for health care providers, and addressing the unique needs of rural and remote populations. Their input has been instrumental in shaping the reform's objectives and strategies. Beyond the official action plan, input from the NBHC's community engagement sessions revealed strong support for digital tools that improve transparency and reduce wait times. Physician groups highlighted the need for streamlined data entry and cross-platform compatibility to avoid administrative overload. Nurses and allied health professionals emphasized the importance of integrating digital tools into team-based care models to support chronic disease management.

Figure 1 below outlines the key priorities set by Innovation & eHealth, a division within the Department of Health responsible for driving digital health initiatives across NB.

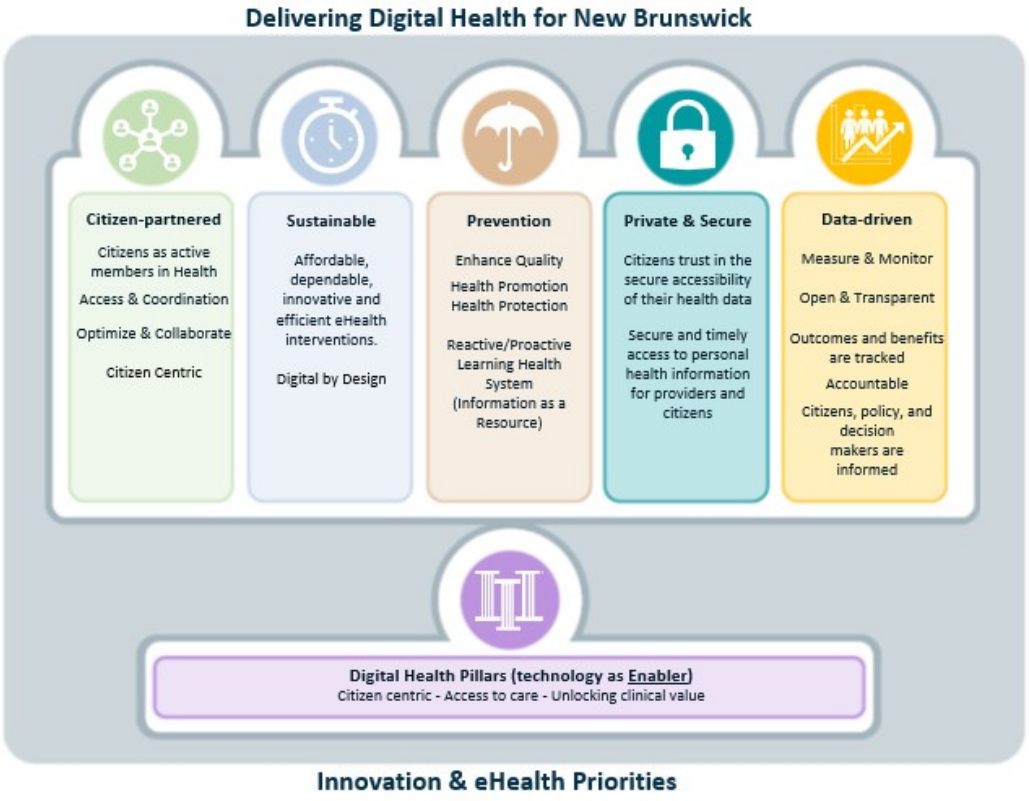

Figure 1: Key priorities for driving digital health initiatives across NB. Source: Health Canada, 2022.

1.2 Factors that influenced the reform and why

NB's health care system faced pressures from an aging population, rising costs, and the need for more efficient service delivery. With a small population spread over a vast area, accessing care, particularly in rural regions, proved challenging.

NB's aging population, which stands at 22.8%, is significantly higher than the national average of 19.0% (Statistics Canada, 2022), and has intensified the demand for health care services, particularly in chronic disease management and long-term care. This demographic shift has led to a shortage of health care providers, especially as 55% of physicians in the province work in solo practices compared to the Canadian average of 15% and many are nearing retirement (NBHC, 2021). These challenges were underscored in the Stabilizing Health Care: An Urgent Call to Action report, which outlined critical actions to address system pressures and workforce shortages. The need for a more efficient, sustainable health care model has become clear, one that emphasizes team-based care, improved chronic condition management, and the integration of virtual solutions.

A key driver for change was the demand for more patient-centred care. A 2020 survey by the NBMS found that 77% of respondents supported continued virtual care. Citizens increasingly want a health care system that offers better access, personalized care, and digital access to health information, empowering them to manage their health and engage in informed discussions with doctors. One improvement has been the implementation of an integrated e-consultation system, allowing physicians to quickly connect with specialists, avoiding 67% of face-to-face consultations and reducing wait times and travel.

The COVID-19 pandemic accelerated digital health adoption, revealing gaps in health care delivery, particularly in access and infection control (Health Canada, 2022). Telemedicine and virtual care became essential during lockdowns, and many of these reforms remain permanent fixtures in the system.

Economic factors also pushed for modernization. Traditional health care delivery is costly, with high expenses for in-person visits, hospital stays, and administrative overhead. Digital health technologies present a solution by reducing long-term costs through improved efficiency, lower hospital readmissions, and preventative care (Bouabida et al., 2025).

These innovations reduce costs and improve patient outcomes. As noted in the Recommendations to Stabilize & Transform NB's Health Care System report, public acceptance and adoption of these changes are crucial for creating a sustainable, effective health care system for the future (NBHCP and NPNB, 2024).

2 HISTORY AND CONTEXT

NB's digital health transformation gained momentum with the release of the Provincial Health Plan 2008–2012, which outlined a vision for a more integrated, accessible, and patient-centred health care system (Government of NB, 2008). This vision, called One Patient One Record (OPOR), aimed to provide health care providers with comprehensive,

up-to-date patient information (Powers, 2010). Prior to the plan's official launch, NB had already started adopting digital health solutions, beginning in 1998 with the introduction of telehealth, now known as Virtual Care, though initially with limited functionality (Canadian Institute for Health Information, 2023). This technology significantly improved care delivery by enabling remote consultations and reducing travel, especially for rural patients (Horizon Health Network, 2022).

The OPOR vision was supported by the interoperable electronic health record (iEHR) system, designed to facilitate the seamless sharing of patient information across different health care sectors, including hospitals, pharmacies, and diagnostic services. This ensured health care providers had access to the most up-to-date patient information. To enable iEHR, NB established a provincial client registry, clinical data repository (CDR), provider index, and drug information system (DIS), which expanded the province's digital health initiatives over time (NB Department of Health, 2016).

In 2009, Canada Health Infoway, the national organization tasked with promoting digital health technologies in Canada, provided funding to support the implementation of digital health tools, including the EHR system (Canada Health Infoway, 2010). However, a 2016 report from Canada Health Infoway highlighted that data-sharing agreements between provinces and territories remained a major barrier to the effective use of digital health services (Canada Health Infoway, 2016). In response, NB and other provinces worked to eliminate these barriers and enhance data interoperability.

Further progress was made with the 2021 NB Virtual Care Bilateral Agreement, where the federal government allocated $5.29 million to boost the province's digital health infrastructure (Government of Canada, 2021). This funding aimed to expand telemedicine, EHRs, and virtual care technologies to improve patient access and care across the province.

The 2023 renewal of the Canada Health Transfer (CHT) agreement brought over $25 billion in federal investments to support ongoing digital health initiatives. This included $88.2 million allocated for modernizing health data systems, underscoring the drive to expand digital solutions and virtual care services to better meet the healthcare needs of rural and underserved populations (Health Canada, 2023).

Over the years, there have been developments in the technology in health care, laying the foundation for the modernization of health care delivery. Table 1 below identifies the growth seen since 2008.

Table 1

Year	Key Developments	Analysis and Key Areas of Focus
2008	Provincial health plan: Initial recognition of digital health as key to improving health care	The *Transforming NB's Health Care* plan sets the stage for using digital health tools to change health care delivery. It emphasizes patient-centered care, cost-effectiveness, and improved patient outcomes by building on existing infrastructures.
2010–2014	iEHR, Provincial EMR implementation	Foundations for digital health care were established. **iEHR:** Vision to have OPOR linking patient information across the health system (hospitals, doctors' offices, public health, mental health, allied health, pharmacies, labs, imaging) into a comprehensive iEHR for authorized providers to access anytime, anywhere. **Provincial EMR:** EMRs implemented in doctors' offices to record patient visits and enable better care.
2015–2019	Digital health strategy – expansion of telehealth, launch of ePrescription, eConsult, MyHealthNB, and EMR went to open market	Digital health began shifting from isolated systems to an integrated vision through the Digital Health Strategy, fostering needed interoperability. **ePrescription:** Secure prescription delivery to pharmacies, reducing errors and improving access. **MyHealthNB:** Secure online access to personal health records. **eConsult:** Primary care providers consult specialists online to reduce wait times. **EMR open market:** More vendor options and increased physician adoption.

2020–2023	Pandemic-driven virtual care expansion, integration of virtual care and remote patient monitoring	Widespread use of virtual care (telehealth, secure messaging, eConsult) and MyHealthNB for PCR and vaccine records. Milestones included: • Zoom for Healthcare (ZoomHC) • NB Virtual Care Mobile App • eVisitNB for consultations **eReferral:** Integrated into iEHR to improve access to specialists and reduce surgical wait times. **Remote monitoring:** Technologies like NB virtual care platform and respiratory management records advanced care outside clinical settings.
2024	Expansion of patient portal and planning of connected health care	Patient portal expanded to allow self-scheduling for lab tests, imaging, and access to more data (lab results, images). Focus areas: • Implementing a bilingual Clinical Information System (CIS) • Integrating digital care channels across services • Improving digital literacy among providers and patients • Ensuring equitable care access, especially in rural/underserved areas

Table 2

Category	**Before Reform (Pre-2008 – Early 2010s)**	**After Reform (2024 – Present)**
Access to care	Fragmented access: rural communities faced significant travel barriers; limited telehealth options.	Virtual care widely available through ZoomHC, eVisitNB, and mobile apps; increased accessibility for rural and remote residents.

Category	Before Reform (Pre-2008 – Early 2010s)	After Reform (2024 – Present)
Health records	Paper-based records dominated; limited interoperability; high duplication of tests.	Integrated provincial EMR, EHR, and iEHR systems in use; real-time data access across care settings improving coordination.
Patient empowerment	Minimal patient access to their own records; limited engagement in care decisions.	MyHealthNB allows secure access to test results, immunization records, imaging results, and Horizon self-booking for blood work, lab/X-ray scheduling.
Provider tools	Low EMR adoption (15% of physicians); siloed systems; no eConsult/eReferral mechanisms.	45–50% EMR adoption, eConsult system in place reducing unnecessary specialist visits, eReferrals integrated into iEHR.
Infrastructure	Telehealth limited to basic videoconferencing in certain hospitals; poor internet coverage in rural zones.	Dedicated platforms (ZoomHC, NB Virtual Care App); federal funding improving connectivity and device access in underserved communities.
Policy and funding	Provincial initiatives only; slow uptake due to limited support and regulatory clarity.	$5.29M federal investment (2021); $88.2M earmarked for digital transformation via Canada Health Transfer (2023); alignment with national standards.

3 THE POLICY-MAKING PROCESS

Modernizing health care delivery in NB presents an opportunity to address accessibility, efficiency, and sustainability challenges. The success of this reform depends on navigating the complex relationship between problems, policies, and politics (Hoefer, 2022). John Kingdon's Multiple Streams Framework helps understand this process, focusing on the interaction of three streams: problems, policies, and politics.

3.1 Problem stream

The problem stream highlights a range of systemic challenges that demanded urgent attention in NB's health care system. These included limited access to primary care, especially in rural and remote regions, an aging population, workforce shortages, and fragmented service delivery. Over 30% of residents reported difficulty accessing care, and many physicians were nearing retirement or working in isolated practices (NBHC, 2021). The COVID-19 pandemic exposed these vulnerabilities and intensified the need for accessible and coordinated care. In response, the province began expanding virtual care services, implementing

EMRs, launching the MyHealthNB patient portal, and investing in remote monitoring tools. A 2020 survey by the NBMS indicated strong public support for virtual care, reinforcing digital health as a key lever for improving access, equity, and efficiency (NBMS, 2020a).

3.2 Policy stream

The policy stream focuses on solutions to these systemic challenges through targeted investments, regulatory frameworks, partnerships, and organizational change. The NB Department of Health developed a digital health strategy aligned with citizen needs and provincial health goals (Health Canada, 2022). Federal and provincial investments, such as the $5.29 million Virtual Care Bilateral Agreement and $88.2 million under the renewed Canada Health Transfer, have supported both the initial rollout and ongoing implementation of digital health infrastructure. Regulatory frameworks like the Personal Health Information Protection Act (PHIPA) safeguarded privacy, while Canada Health Infoway standards guided system interoperability. These have been partially implemented: approximately 60–70% of systems currently meet interoperability requirements, with continued integration through the forthcoming provincial clinical information system. Implementation of these standards is ongoing; currently, only two EMR vendors (TELUS Health and Intrahealth) are certified under the provincial program, though TELUS Health is suspended for non-compliance with updated requirements for electronic lab result delivery ("HP/SP," 2025). While this phased certification process supports national alignment, challenges remain in vendor onboarding and achieving full system interoperability. These policies have enabled the expansion of digital solutions like eConsult and MyHealthNB, which are improving care access and coordination, though continued investments and provider engagement remain essential to address gaps in adoption and data sharing (Canada Health Infoway, 2023; Auditor General of NB, 2021).

3.3 Political stream

The political stream involves the political climate and the interests of key stakeholders. Political support from various government levels and healthcare groups was essential. The NB government worked with health care partners to create policies for integrating digital health solutions. Key actors like the NBMS and the NBHC advocated for reforms and engaged citizens through surveys and town halls. Technology providers like Zoom supplied the infrastructure for telemedicine.

3.4 Policy window

Reforms are most likely when the problem, policy, and political streams align, creating a window of opportunity (Hoefer, 2022).The policy window for the virtual care reform in NB opened due to the convergence of three streams: the recognition of access issues in rural and remote areas (problem stream), the availability of digital health technologies (policy

stream), and the political will to address health care challenges (politics stream). Financial commitments from federal and provincial governments provided the necessary resources to implement the reform. These commitments were detailed in the policy streams section, aligning with the Multiple Streams Framework.

Significant financial commitments, including a $5.2 million investment in virtual care and $25 billion in Canada Health Transfer funding over ten years, ensured political will was backed by resources. Citizen advocacy groups helped ensure the solutions addressed vulnerable populations, creating a more inclusive system.

4 MONITORING AND EVALUATION

Implementing digital health reforms in NB has been an ongoing journey to modernize the province's health care system, leveraging technologies like the provincial EMR, iEHR, and virtual care. These tools have been rolled out in phases, with some fully operational and others still in early stages. While these reforms aim to improve health care delivery, they have encountered several challenges, including cost overruns. A significant component of the evaluation process involves understanding how health care providers have experienced the rollout and use of digital tools.

According to the Auditor General's 2022 audit, the EMR program did not meet its adoption targets due to insufficient provider engagement and support. Key issues included: poor onboarding and training, lack of post-implementation technical support, workflow disruptions and usability concerns, limited choice of EMR vendors during early rollout phases.

Data from the NB Medical Society (2020a) highlighted a nuanced perspective: 77% of physicians supported continued virtual care post-pandemic, citing improved access and patient satisfaction. However, many raised concerns about integration into practice workflows, limited ability to bill for certain virtual services, and challenges managing complex cases remotely. Importantly, most virtual consultations were conducted by telephone rather than video, limiting providers' ability to observe non-verbal cues, an essential component in fields like mental health and social work. This limitation impacted both clinical quality and provider confidence in virtual delivery. Older providers and those in solo practice settings were more likely to report difficulty in adopting digital tools.

Providers reported that many reforms felt "top-down," with limited involvement in the design or iteration of digital platforms. This disconnects affected buy-in and contributed to the slow uptake of EMRs despite financial investment.

The NBHC, an independent body, conducted citizen engagement activities to gather insights on the province's digital health transformation, especially virtual care. Many participants praised virtual care for improving access to health care services, particularly in rural and remote areas. Virtual consultations help reduce travel barriers for people with mobility challenges or those living far from health care facilities, making health care more

equitable. Some of the NBHC's recommendations such as improved digital education and targeted access to technology, have informed pilot initiatives in rural communities. However, formal evaluation of these efforts is still pending, and their broader impact remains to be seen.

In addition to these challenges, the digital transformation has faced infrastructure and lack of integration issues between existing hospital information systems issues. These integration issues stem from a combination of factors, including non-compliance with Canada Health Infoway interoperability standards, vendor delays in meeting certification requirements, fragmented procurement and IT policies across institutions. These systems lack interoperability, creating challenges in data sharing coordination of care. Many older health care facilities in NB were not designed for digital tools, such as bedside electronic clinical documentation and electronic medication administration. To address this, the province is implementing a provincial clinical information system (CIS), a unified, bilingual platform designed to connect hospitals, primary care, long-term care, home and community care, mental health services, and pharmacies. A key goal of the CIS is to enable seamless data sharing while centring the experiences of both providers and patients.

5 CONCLUSION

In summary, NB's digital health reforms have made significant progress but still face key challenges. The reform is improving access to care, particularly for seniors and rural communities, by focusing on patient-centred solutions like EHR, MyHealthNB, and virtual care. These initiatives are making health care more accessible and efficient, but issues like unequal access to technology, connectivity problems, and barriers to adoption persist.

For the digital transformation to succeed, NB must continue to invest in infrastructure, system integration, training, and ongoing evaluation. The province needs to adopt a flexible approach that can adapt to changing needs, ensuring that all stakeholders i.e. health care providers, patients, and communities are involved in shaping the future of health care. This inclusive approach is essential to ensure the digital health reforms benefit everyone, especially vulnerable populations. By addressing these challenges, NB can create a health care system that is more accessible, efficient, and equitable for all.

6 STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS

Table 3: SWOT Analysis

Strengths	Weaknesses
• Increased access to healthcare through virtual care solutions. (patients, providers) • Enhanced efficiency through integrated digital systems. (providers, health authorities) • Public support for digital health tools post-COVID. (patients, civil society)	• Lack of universal digital literacy among patients and providers. (providers, patients) • Unequal access to technology in rural and under-served areas. (patients, local governments) • Integration challenges between existing health care systems and new digital tools. (health authorities, IT vendors)
Opportunities	**Threats**
• Expansion of digital tools into under-served areas. (government, Indigenous partners) • Improved care coordination among physician through better data sharing and interoperability. (providers, health authorities) • Training and education programs to boost digital literacy. (educators, health workers) • Federal and provincial support for digital health initiatives. (government, policymakers)	• Resistance to change from health care providers or patients. (providers, patients) • Cybersecurity risks associated with digital health platforms. (IT vendors, health authorities) • Funding or policy shifts that could delay or reduce the scope of reform. (government, policymakers)

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